

Field Treatment

1. Basic airway/spinal immobilization prn
2. Oxygen/Pulse oximetry prn
 - ①
3. Advanced airway prn
4. Shock position prn

THERMAL

5. Remove jewelry and clothing from involved area
6. Cover with dry dressings/sheet
 - ②

Note: ③ ④
7. Venous access prn
8. Elevate burned extremities if possible
9. Consider **morphine 2-12mg IVP**
 - ① ② ③

☞ May repeat prn ④
10. Reassess for potential deterioration

CHEMICAL

5. Remove jewelry and clothing from involved area
6. If dry - brush and flush with copious amount of water
If liquid - flush with copious amount of water
 - ⑤
7. Venous access prn

Note: ③ ④
8. Consider **morphine 2-12mg IVP**
 - ① ② ③

☞ May repeat prn ④
9. Reassess for potential deterioration

ELECTRICAL

5. Cardiac monitor/document rhythm and attach EKG strip
6. Treat dysrhythmias by appropriate guideline

Note: ③ ④
7. Venous access prn
8. Cover with dry dressings/sheet
 - ②
9. Consider **morphine 2-12mg IVP**
 - ① ② ③

☞ May repeat prn ④
10. Reassess for potential deterioration

Drug Considerations

Morphine:

- ① Alternate routes: 12mg IM one time
- ② Use caution if BP < 100 systolic, altered LOC or respiratory depression
- ③ Pediatrics: see **Color Code Drug Doses/L.A. County Kids**
- ④ Maximum adult dose: 20mg

Special Considerations

- ① High flow oxygen is essential with known or potential respiratory injury
- ② Cooling large surface area burns (>15 % of BSA) may result in hypothermia
- ③ DO NOT delay transport to the **MAR** for treatment
- ④ If poor perfusion, fluid resuscitate and consider other injuries
- ⑤ If eye involvement - continuous flushing with NS during transport. Allow patient to remove contact lenses if possible